

ARTIST PLEASE COMPLETE

Artist Name _____

Artist Phone # _____

Work Performed _____

DAY	DATE	WORK PERFORMED	TOTAL HOURS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Is Assignment Complete?	Please round all times to the nearest 15 minutes All assignments have a 4 hour minimum Fax to BIG Creative upon completion	TOTAL HOURS	
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By signing below, I verify that the hours shown are correct and work was completed satisfactorily.

Date Signature Print Name

CLIENT PLEASE COMPLETE

Client Name	Client Phone #
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By signing below, I verify that the hours shown are correct and work was completed satisfactorily. I am authorized to sign on the company's behalf and agree to payment for full amount shown and agree to the BIG Creative Client Terms Agreement.

Date Signature Print Name & Title